



DATE: 05.06.14

Notice of Independent Review

DATE NOTICE SENT TO ALL PARTIES: 05/06/14

IRO CASE #:

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering chronic pain in the cervical spine and in the shoulder

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat MRI scan with and without contrast, cervical spine, and repeat MRI scan with and without contrast, left shoulder

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ **X** Upheld (Agree)
☐ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
847 847	72156 73223		Prosp. Prosp.				Xx/xx/xx Xx/xx/xx		Upheld Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY (SUMMARY):

The injured employee is a female who suffered an injury on xx/xx/xx. She suffered straining injuries to the cervical spine and left shoulder. She underwent EMG/NCV studies, which revealed chronic C6/C7 denervation potentials. She underwent left shoulder MRI arthrogram, which revealed acromioclavicular joint degeneration and malunion of a distal clavicle fracture. She has undergone a number of surgical procedures, including epidural steroid injections. She has persistent ulna aspect finger tingling on the left side, compatible with the previously noted denervation potentials. She has undergone arthroscopic surgery of the left shoulder for rotator cuff repair, subacromial decompression, and biceps tenotomy of the left shoulder, all accomplished arthroscopically. Currently, she has sufficient pain to warrant inclusion in a chronic pain management program. Her pain interferes with her capacity to perform many of the activities of daily function. As a possible routine re-evaluation, repeat MRI scans of the cervical spine and left shoulder with and without contrast have been requested as part of the evaluation for her chronic pain management program. This request has been considered and denied. It was reconsidered and denied.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The medical documentation does not include current descriptive evaluation of the circumstances under which the claimant suffers particular painful problems in the cervical spine and left shoulder. Current plain

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x-rays are not documented, and current neurological deficiencies are not documented. In the absence of these documentations and in the absence of documentation of new acute injuries, the repeat MRI scans of the cervical spine and the left shoulder are not warranted and do not meet the specific criteria required for establishment of medical necessity.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase
- ☐ AHCPR-Agency for Healthcare Research & Quality Guidelines
- ☐ DWC-Division of Workers' Compensation Policies or Guidelines
- ☐ European Guidelines for Management of Chronic Low Back Pain
- ☐ Interqual Criteria
- ☒ Medical judgment, clinical experience and expertise in accordance with accepted medical Standards
- ☐ Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Office Disability Guidelines & Treatment Guidelines
- ☐ Pressley Reed, The Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer-reviewed, nationally accepted medical literature (Provide a Description):
- ☐ Other evidence-based, scientifically valid, outcome-focused guidelines (Provide a Description)